State of California Department of Consumer Affairs

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# PAIN ASSESSMENT: THE FIFTH VITAL SIGN

Assembly Bill 791 (Thomson) was signed into law by Governor Gray Davis on September 15, 1999, and is effective January 1, 2000. Section 1254.7 was added to the Health and Safety Code (HSC) as part of this bill. HSC 1254.7 reads:

*(a) It is the intent of the Legislature that pain be assessed and treated promptly, effectively, and for as long as pain persists.*
*(b) Every health facility licensed pursuant to this chapter shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The health facility shall insure that pain assessment is performed in a consistent manner that is appropriate to the patient. The pain assessment shall be noted in the patient's chart in a manner consistent with other vital signs.*

This legislative mandate is consistent with state and federal concerns regarding appropriate pain management for all persons. The Veterans Administration has adopted similar policies, referring to pain as the fifth vital sign.

In 1994, the BRN adopted a pain management policy for RN practice and pain management curriculum guidelines for nursing programs. Both of these documents include a standard of care for California RNs of *assessing pain and evaluating response to pain management interventions using a standard pain management scale based on patient self-report.* This new law places a similar requirement on licensed health care facilities. Nursing programs need to integrate pain as the fifth vital sign into their curriculum and health facilities need to educate staff regarding pain management.

It is now required that all health care staff record pain assessment each time that vital signs are recorded for each patient. If the institution is using the zero to ten pain assessment scale, a recording of *pain 2/10,* fulfills the requirements of this law. The Board reminds RNs that pain assessment is based on patient self-report and that patient's can be asleep and still experience significant pain; appropriate charting would be to write "asleep" for the pain rating. Registered nurses will continue to be required to monitor all five vital signs and take appropriate action based on deviations from normal. In other words, a competent registered nurse intervenes when the patient's pain is not being managed according to the agreed upon comfort level.

RNs should remember that *prn* means in the nurse's judgment. In regards to pain medications that are ordered *prn,* registered nurses can choose to give the medication routinely, around-the-clock. In many acute pain situations, such as post-operative or post-trauma, medications ordered *q4h prn* (every four hours as needed), for example, should be given (or at least offered) q4h (every four hours) routinely for the first 24-48 hours to keep ahead of the patient's pain. Research shows that when patient's acute pain is managed around the clock and the pain level is kept from becoming severe, the total amount of opioid needed is reduced.